

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee For Period Aug 1 to Aug 31, 2010

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 12/13/10  
(date)

Debtor(s)\*: Prevalence Health, LLC

By:\*\* H. X. Lopez

Position: Liquidating Agent

Name of preparer: [Signature]

Telephone No. of Preparer 601-981-0070 ext 223 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Presalease Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month	Month
CURRENT ASSETS:	7/21/10	8/31/10					
Cash.....	1,366,993	1,306,477					
Accounts Receivable, Net.....	300,077	305,765					
Inventory, at lower of cost or market.....							
Prepaid expenses & deposits.....	78,029	75,811					
Other .....							
TOTAL CURRENT ASSETS.....	1,745,099	1,688,403					
PROPERTY, PLANT & EQUIPMENT.....							
Less accumulated depreciation.....							
NET PROPERTY, PLANT & EQUIPMENT.....							
OTHER ASSETS							
<u>Deposits</u>	55,733	55,733					
TOTAL OTHER ASSETS.....							
TOTAL ASSETS.....	1,800,832	1,743,776					

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

COMPARATIVE BALANCE SHEET

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

Filing Date	Month	Month	Month	Month	Month
	12/31/09	1/31/10	2/28/10	3/31/10	4/30/10
ASSETS:					
CURRENT ASSETS:					
Cash.....	1,685,525	1,484,147	1,388,697	1,371,649	1,360,916
Accounts Receivable, Net.....	292,898	293,506	293,114	300,924	300,017
Inventory, at lower of cost or market.....	0	0	0	0	0
Prepaid expenses & deposits.....	75000	84930	78400	79800	76,636
Other <u>Receivable from Sale of Assets</u> .....	19,656	19,656	19,656	0	0
TOTAL CURRENT ASSETS.....	2,083,009	1,875,729	1,781,267	1,752,971	1,761,468
PROPERTY, PLANT & EQUIPMENT.....					
Less accumulated depreciation.....					
NET PROPERTY, PLANT & EQUIPMENT.....	0	0	0	0	0
OTHER ASSETS					
<u>Deposits</u> .....	56,726	55,733	55,733	55,733	55,733
TOTAL OTHER ASSETS.....					
TOTAL ASSETS.....	2,121,983	2,138,742	1,931,442	1,837,000	1,817,201

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
1/08

\* Accounts containing \$25,026 that related to funds received prior for payment of post-acquisition receivables into prevalence's account that is owed to Safe made. The asset is in Accounts, which includes a liability to Safe made of the same amount.

COMPARATIVE BALANCE SHEET

CASE NAME: Power Lease Health LLC

CASE NUMBER: 09-02016-ee

Filing Date	Month	Month	Month	Month	Month	Month
	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
ASSETS:						
CURRENT ASSETS:						
Cash.....	570,988	513,396	406,712	417,638	411,481	670,134
Accounts Receivable, Net.....	960,787	773,450	807,823	754,398	333,169	277,976
Inventory, at lower of cost or market.....	365,452	372,870	402,769	0	0	0
Prepaid expenses & deposits.....	118,110	151,593	170,827	122,958	820,94	82,448
Other <u>Receivable from Sale of Assets</u>				954,185	954,185	954,185
TOTAL CURRENT ASSETS.....	2019,337	2002,363	1,860,452	2,249,179	1,980,929	1,984,743
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,096	0	0	0
Less accumulated depreciation.....	2744,723	2744,723	2744,723	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,004	116,352	0	0	0
OTHER ASSETS.....	48,192	54,193	56,762	56,762	56,762	56,762
TOTAL OTHER ASSETS.....	48,192	54,193	56,762	56,762	56,762	56,762
TOTAL ASSETS.....	2,209,293	2,189,560	2,041,771	2,305,905	2,037,655	2,041,469

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
1/08

\* Adjustments from May 31 to June 9 are not available  
 \* Certain Assets at prevalence were sold effective 9/30/09. This amount represents the monies due the seller from the buyer at close on 10/6/09

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month	Month	Month	Month	Month	Month
POST-PETITION LIABILITIES:	7/31/10	9/30/10					
Taxes payable (Form 2-E, pg.1 of 3).....	0	0					
Accounts payable (Form 2-E, pg.1 of 3).....	92,265	92,265					
Other: _____	20,919	16,919					
TOTAL POST-PETITION LIABILITIES:.....	113,229	109,184					
PRE-PETITION LIABILITIES:							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....	560,162	560,162					
Other: _____							
TOTAL LIABILITIES.....							
EQUITY (DEFICIT)							
PREFERRED STOCK.....	59,412	59,412					
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	29,635,427	(56,354,27)					
Post filing date.....	(272,716)	(325,728)					
TOTAL EQUITY (NET WORTH).....	(391,400)	(396,700)					
TOTAL LIABILITIES & EQUITY.....	180,832	174,376					

COMPARATIVE BALANCE SHEET

CASE NAME: Pinnacle Health  
CASE NUMBER: 09-02016-ee

Filing Date	Month 1/31/10	Month 2/28/10	Month 3/31/10	Month 4/30/10	Month 5/31/10	Month 6/30/10
LIABILITIES:						
POST-PETITION LIABILITIES:						
Taxes payable (Form 2-E, pg.1 of 3).....	0	0	0	0	0	0
Accounts payable (Form 2-E, pg.1 of 3).....	92,775	98,140	98,764	92,265	92,265	92,265
Other: <u>Misc Accounts</u>	206,887	231,038	112,386	44,145	29,099	44,200
TOTAL POST-PETITION LIABILITIES.....	299,662	329,178	144,807	136,410	121,364	136,465
PRE-PETITION LIABILITIES:						
Notes payable - secured.....						
Priority debt.....						
Unsecured debt.....	5,594,513	5,595,647	5,595,021	5,595,022	5,602,522	5,602,523
Other.....						
TOTAL LIABILITIES.....	5,894,175	5,924,825	5,906,172	5,731,429	5,723,886	5,738,988
EQUITY (DEFICIT)	5,994,425	5,994,425	5,994,425	5,994,425	5,994,425	5,994,425
PREFERRED STOCK.....						
COMMON STOCK.....						
RETAINED EARNINGS:						
Through filing date.....	19,635,427	19,635,427	19,635,427	19,635,427	19,635,427	19,635,427
Post filing date.....	(130,880)	4,144,781	2,233,420	(281,423)	(289,322)	(280,485)
TOTAL EQUITY (NET WORTH).....	(3,772,182)	(3,786,033)	(3,874,730)	(3,927,725)	(3,930,624)	(3,921,787)
TOTAL LIABILITIES & EQUITY.....	2,121,993	2,138,742	1,931,442	1,908,704	1,793,262	1,817,201



CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month
	6/1/10-6/30/10	7/1/10-7/31/10	8/1/10-8/31/10		
NET REVENUE.....	0	0	0		
<u>COST OF GOODS SOLD:</u>					
Material.....					
Labor - Direct.....					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD:.....	0	0	0		
GROSS PROFIT.....	0	0	0		
<u>OPERATING EXPENSES:</u>					
Selling and Marketing.....					
General and Administrative (rents, utilities, salaries, etc.).....	8,454	7,536	53,010		
Other.....					
TOTAL OPERATING EXPENSES.....	8,454	7,536	53,010		
INTEREST EXPENSE.....	883	231	0		
INCOME BEFORE DEPRECIATION OR TAXES.....	8,837	7,767	53,010		
DEPRECIATION OR AMORTIZATION.....					
EXTRAORDINARY EXPENSES *.....					
INCOME TAX EXPENSE (BENEFIT).....					
NET INCOME (LOSS).....	8,837	7,767	53,010		

\* Requires explanation in NARRATIVE (Form 2-F)



PROFIT AND LOSS STATEMENT

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

	Month	Month	Month	Month	Month	Month
	12/10-12/21/10	1/11-1/31/11	2/11-2/28/11	3/11-3/31/11	4/11-4/30/11	5/11-5/31/11
NET REVENUE.....	0	0	0	0	0	0
COST OF GOODS SOLD:						
Material.....	33760	0	0	0	0	0
Labor - Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD:	33760	0	0	0	0	0
GROSS PROFIT.....	0	0	0	0	0	0
OPERATING EXPENSES:						
Selling and Marketing.....	13,150	13,901	88,647	28,099	625	8259
General and Administrative (rents, utilities, salaries, etc.).....						
Other.....						
TOTAL OPERATING EXPENSES.....	13150	13901	88647	28099	625	8259
INTEREST EXPENSE.....	549	0	0	0	0	0
INCOME BEFORE DEPRECIATION OR TAXES.....	247,459	13,901	88,647	28,099	2,407	78997
DEPRECIATION OR AMORTIZATION.....	0	0	0	0	0	0
EXTRAORDINARY EXPENSES *... Gain/Loss of Assets	0	0	0	0	0	0
INCOME TAX EXPENSE (BENEFIT).....	0	0	0	0	0	0
NET INCOME (LOSS).....	247,459	13,901	88,647	28,099	2,407	78,997

FORM 2-C  
1/08

\*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month *	Month	Month	Month	Month	Month
	6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09	11/1/09 - 11/30/09
NET REVENUE.....	1,234,205	1,136,933	1,051,684	986,153	49,570	0
<u>COST OF GOODS SOLD:</u>						
Material .....	1,028,341	948,373	880,562	816,815	31,379	1,125
Labor - Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD: .....	1,028,341	948,373	880,562	816,815	31,379	1,125
GROSS PROFIT.....	205,864	188,560	171,122	169,338	18,191	1,125
<u>OPERATING EXPENSES:</u>						
Selling and Marketing .....						
General and Administrative (rents, utilities, salaries, etc.) .....	328,598	291,324	211,439	205,451	46,513	45,536
Other .....						
TOTAL OPERATING EXPENSES. ....		1,491	1,488	615	287	202
INTEREST EXPENSE.....	122,734	104,255	141,805	136,728	128,609	144,513
INCOME BEFORE DEPRECIATION OR TAXES.....	8765	8412	8240	7955	0	0
DEPRECIATION OR AMORTIZATION.....	0			400,650	27943	
Gain on sale of assets	0					
EXTRAORDINARY EXPENSES .....	0					
INCOME TAX EXPENSE (BENEFIT) .....						
NET INCOME (LOSS) .....	131,499	112,667	150,045	255,967	16664	144,513

FORM 2-C  
1/08

\* Requires explanation in NARRATIVE (Form 2-F)  
\* Adjustments from May 31 to June 30 are not available  
(5) Effective 9/30/09, Company sold the majority of its assets. Amount of proceeds is not available.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period 8/1 to 8/31, 2010

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) 1,366,993  
\$ 1,366,993
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 269,666
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$ (87,482)
4. Net Cash Flow \$ \_\_\_\_\_
5. Ending Cash Balance (to FORM 2-B) \$ 1,306,477

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ _____	_____
2. Trust Account DJP	\$ <u>51</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>367,991</u>	<u>Regions</u>
4. Payroll Account	\$ _____	_____
5. Tax Account	\$ _____	_____
6. Other Accounts (Specify checking or savings) <u>Sales Proceeds</u>	\$ <u>938,435</u>	<u>Regions</u>
7. Cash Collateral Account	\$ _____	_____
8. Petty Cash	\$ _____	_____
TOTAL (must agree with line 5 above) \$ <u>1,306,477</u>		

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 87,482 \*

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED 4/30/10 5/31/10

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ <u>763,379</u>			
March	\$ <u>601,386</u>			
Total				
1st Quarter	\$ <u>1,864,702</u>	\$ <u>6,500</u>	<u>61434</u>	<u>4/20/10</u>
April	\$ <u>436,370</u>			
May	\$ <u>567,203</u>			
June	\$ <u>398,040</u>			
Total				
2nd Quarter	\$ <u>1,401,613</u>	\$ <u>6,500</u>	<u>61435</u>	<u>7/29/10</u>
July	\$ <u>149,406</u>			
August	\$ <u>87,482</u>			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____	_____	_____
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____	_____	_____

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalance health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> (*)	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>488,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,081</u>			
Total				
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

\* Actually Paid 6,500

\* Actually Paid \$8,775 to Make up for overpay in 2nd Qtr.

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Providence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 8/1 to 8/31, 2010

Account Name: Providence Health Account Number: 0101894579  
DIP

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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Total Cash Receipts

\$ 0

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 8/1 to 8/31, 2010

Account Name: Prevalence Health Account Number: 0101894579  
DEP

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 8/1 to 8/31, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale m.u.

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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Total Cash Receipts

\$ 0



CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 8/1 to 8/31, 20 10

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale MM

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements

\$ 0

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Preslonce Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 8/1 to 9/31, 2010

Account Name: Preslonce Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

Total Cash Receipts

\$ see Attached

## Prevalence Health LLC

### Cash Disbursements

<u>Type</u>	<u>Date</u>	<u>Description / Source</u>	<u>Amount</u>
Deposit	8/2/2010	Insurance Reimbursement	\$1,633.53
Deposit	8/2/2010	Co-Pay	\$25.00
Deposit	8/2/2010	Co-Pay	\$14.30
Deposit	8/4/2010	Insurance Reimbursement	\$2,221.45
Deposit	8/4/2010	Co-Pay	\$24.00
Deposit	8/5/2010	Insurance Reimbursement	\$1,742.34
Deposit	8/6/2010	Co-Pay	\$74.94
Deposit	8/6/2010	Insurance Reimbursement	\$236.82
Deposit	8/9/2010	Co-Pay	\$22.75
Deposit	8/9/2010	Co-Pay	\$103.84
Deposit	8/10/2010	Insurance Reimbursement	\$9,872.98
Deposit	8/11/2010	Insurance Reimbursement	\$131.58
Deposit	8/11/2010	Co-Pay	\$50.00
Deposit	8/12/2010	Insurance Reimbursement	\$1,010.07
Deposit	8/12/2010	Co-Pay	\$29.04
Deposit	8/13/2010	Co-Pay	\$87.00
Deposit	8/16/2010	Co-Pay	\$25.00
Deposit	8/18/2010	Insurance Reimbursement	\$3.88
Deposit	8/18/2010	Co-Pay	\$115.00
Deposit	8/19/2010	Insurance Reimbursement	\$4,725.29
Deposit	8/19/2010	Co-Pay	\$4.00
Deposit	8/20/2010	Co-Pay	\$28.54
Deposit	8/23/2010	Co-Pay	\$392.73
Deposit	8/23/2010	Co-Pay	\$76.04
Deposit	8/24/2010	Reimbursement from SafeMeds	\$3,029.88
Deposit	8/25/2010	Co-Pay	\$125.00
Deposit	8/26/2010	Insurance Reimbursement	\$1,144.31
Deposit	8/26/2010	Co-Pay	\$1.20
Deposit	8/27/2010	Co-Pay	\$5.54
Deposit	8/30/2010	Co-Pay	\$9.90
			<u>\$26,965.95</u>

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 8/1 to 8/31, 20 10

Account Name: Prevalence Health Account Number: 9001 277 993

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements \$ See Attached

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

## Prevalence Health LLC

### Cash Disbursements

<u>Date</u>	<u>Num</u>	<u>Vendor</u>	<u>Reason</u>	<u>Amount</u>
8/2/2010		Regions Bank	Bank Fees	(\$211.28)
8/3/2010		Pitney Bowes-INTERNAL USE ONLY	Safemeds to Reimburse	(\$200.00)
8/9/2010		Regions Bank	Bank Fees	(\$314.12)
8/10/2010	61436	Butler, Snow, O'Mara, Stevens & Cannada	Legal Fees	(\$46,934.63)
8/12/2010		Pitney Bowes-INTERNAL USE ONLY	Safemeds to Reimburse	(\$200.00)
8/13/2010		SafeMeds Solutions	AR Collections	(\$28,202.38)
8/24/2010	61438	Pharmacy Consulting Associates	Consulting Fees	(\$5,761.73)
8/24/2010		Pitney Bowes-INTERNAL USE ONLY	Safemeds to Reimburse	(\$200.00)
8/25/2010		SafeMeds Solutions	AR Collections	(\$5,457.48)
				<u>(\$87,481.62)</u>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period 8/1 to 8/31, 20  

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**August 2010**

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	-
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	-
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>16,919.00</u>
Balance per GL	<u>16,919.00</u>
Difference	<u>-</u>

**Prevalence Health, LLC**  
**Post Petition Accounts Payable**  
**August 31, 2010**

Vendor	Date	No.	Due Date	Age	Open Balance	Memo
Advocate Solutions	6/15/2009		2032 6/15/2009	442	\$664.00	120+
Williams Montgomery & John Ltd.	6/15/2009	155576	6/15/2009	442	\$2,749.36	120+
Westwood Square, P/S/P	6/20/2009		6/20/2009	437	\$250.00	120+
Hamilton Partners	6/20/2009		6/20/2009	437	\$14,769.94	120+
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	431	\$761.49	120+
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	427	\$298.03	120+
Anda	7/1/2009	774707	7/1/2009	426	(\$48.43)	120+
Anda	7/1/2009	775310	7/1/2009	426	(\$47.54)	120+
Anda	7/2/2009	780875	7/2/2009	425	(\$30.00)	120+
Hamilton Partners	7/2/2009	090702-10786	7/2/2009	425	\$2,080.33	120+
Young Williams P.A.	7/7/2009	49592 Pre	9/5/2009	420	\$1,011.50	120+
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	8/7/2009	419	\$479.16	120+
Broward County Revenue Collector	7/14/2009	Local Business Tax Rene	7/14/2009	413	\$45.00	120+
North Shore Gas	7/16/2009	6/12-7/14/09	7/31/2009	411	\$69.30	120+
Toyota Financial Services	7/17/2009	4000250558	8/9/2009	410	\$207.09	120+
Hamilton Partners	7/17/2009	090717-10786	7/17/2009	410	\$633.01	120+
Westwood Square, P/S/P	7/20/2009		7/20/2009	407	\$250.00	120+
Hamilton Partners	7/20/2009		7/20/2009	407	\$14,769.94	120+
Banc Of America Leasing	7/21/2009	11093620	8/15/2009	406	\$326.50	120+
Avaya, Inc.	7/26/2009	2729047343	7/26/2009	401	\$761.48	120+
North Shore Gas	7/30/2009	6/9-7/14/09	8/14/2009	397	\$69.26	120+
- No Vendor -	7/31/2009	854	7/31/2009	396	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7/31/2009	6745159529	8/15/2009	396	\$298.03	120+
Aetna Maintenance, Inc.	8/1/2009	82761	8/31/2009	395	\$500.32	120+
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	9/5/2009	390	\$1,135.03	120+
North Shore Gas	8/13/2009	7/14-8/12/09	8/28/2009	383	\$140.69	120+
Westwood Square, P/S/P	8/20/2009		8/20/2009	376	\$250.00	120+
Hamilton Partners	8/20/2009		8/20/2009	376	\$14,769.94	120+
Banc Of America Leasing	8/21/2009	11138583	9/15/2009	375	\$291.50	120+
Young Williams P.A.	8/24/2009	49592 Post - 1	10/23/2009	372	\$74.75	120+
Avaya, Inc.	8/26/2009	2729164647	8/26/2009	370	\$761.48	120+
Quill	8/28/2009	8951299	9/27/2009	368	\$110.85	120+
Wells Fargo Financial Leasing	8/31/2009	6745198232	9/15/2009	365	\$298.03	120+
Aetna Maintenance, Inc.	9/1/2009	92762	10/1/2009	364	\$500.32	120+
CT Corporation	9/1/2009	2004471657-00	9/1/2009	364	\$1,620.00	120+
Quill	9/3/2009	9080458	10/3/2009	362	\$72.79	120+
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	10/4/2009	361	\$1,608.16	120+
North Shore Gas	9/16/2009	8/12-9/14/09	10/1/2009	349	\$70.44	120+
Westwood Square, P/S/P	9/20/2009		9/20/2009	345	\$250.00	120+
Banc Of America Leasing	9/20/2009		10/15/2009	345	\$291.50	120+
Hamilton Partners	9/20/2009		9/20/2009	345	\$14,769.94	120+
Avaya, Inc.	9/26/2009	2729265177	9/26/2009	339	\$761.48	120+
Moore Wallace An RR Donnelley C	9/29/2009	873050230	10/29/2009	336	\$134.50	120+
Moore Wallace An RR Donnelley C	9/29/2009	169997267	10/29/2009	336	\$1,313.09	120+
Wells Fargo Financial Leasing	9/30/2009	6745237646	10/15/2009	335	\$298.03	120+



Avaya, Inc.	10/1/2009	2729282145	10/1/2009	334	\$264.42	120+
Aetna Maintenance, Inc.	10/1/2009	105711	10/31/2009	334	\$500.32	120+
ComEd- Commonwealth Edison	10/6/2009 9/4-10/6/09		11/5/2009	329	\$2,051.14	120+
North Shore Gas	10/14/2009 9/14-10/14/09		10/29/2009	321	\$287.75	120+
Sun Microsystems Global Financial	10/15/2009 591219022 1911		10/15/2009	320	(\$1,579.44)	120+
Westwood Square, P/S/P	10/20/2009		10/20/2009	315	\$250.00	120+
Machost Road LLC	10/20/2009		10/20/2009	315	\$1,600.00	120+
Hamilton Partners	10/20/2009		10/20/2009	315	\$14,769.94	120+
Banc Of America Leasing	10/21/2009	11226721	11/15/2009	314	\$291.50	120+
Wells Fargo Financial Leasing	10/30/2009	6745277684	11/14/2009	305	\$298.03	120+
City of Zachary	11/6/2009 02-00760402		11/26/2009	298	\$9.81	120+
Banc Of America Leasing	12/21/2009	11311429	1/15/2010	253	\$343.00	120+
Securian Retirement Services	1/1/2010 01012010/03312010		1/1/2010	242	\$571.00	120+
					<u>\$92,264.92</u>	

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-02

## SUPPORTING SCHEDULES

For Period 8/1 to 8/31, 2010

## ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

8/24/2010

Prevalence Health, LLC  
Accounts Receivable Summary  
July 31, 2010

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid)	\$ -	\$ -	\$ -	\$ -	\$ 283,292	\$ 283,292
Patients (Co-Pay)	-	-	-	-	207,279	207,279
Total Accounts Rec	\$ -	\$ -	\$ -	\$ -	\$ 490,571	\$ 490,571
Estimated Reserve						
Insurance	-	-	-	-	348,925	348,925
Patients	0.25% 25.0%	0.25% 50.0%	2.0% 100.0%	5.0% 100.0%	50.0% 100.0%	
AR per ScriptMed	\$ 490,571					
Deposits in NetSuite not ScriptMed						
Not in Amount Due SafeMeds						
Difference in MS Medical						
Rec Vs Posted						
Adjusted AR per ScriptMed	490,571					
AR per GL	490,571					
Difference	-					

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**Prevalence Health**  
AR Aging - 7/31/2010

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Humana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00					47,498.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,355.00					3,355.00
Wellcare Part D- LA	541.00					541.00
<b>Total</b>	<b>283,292.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>283,292.00</b>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period 8/1 to 8/31, 2010

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation				
General Liability				
Property (Fire, Theft)				
Vehicle				
Other (list):				
<u>D+O</u>	<u>Darwin National</u>	<u>3,000,000</u>	<u>3/1/11</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

### NARRATIVE STATEMENT

For Period \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

FORM 2-F  
1/08

**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 9/16/2010**

ID	Balance
<b>Reconciled</b>	
Cleared Deposits and Other Credits	32,727.88
Cleared Checks and Payments	(93,981.62)
Total - Reconciled	(61,253.94)
Last Reconciled Statement Balance - 7/31/2010	438,360.04
Current Reconciled Balance	377,106.10
Reconcile Statement Balance - 9/16/2010	377,106.10
Difference	0.00
<b>Unreconciled</b>	
<b>Uncleared</b>	
Deposits and Other Credits	8,247.67
Checks and Payments	(15,643.21)
Total - Uncleared	(7,395.54)
<b>Cleared</b>	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 9/16/2010	371,288.20

**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 9/16/2010**

ID	Date	No.	Balance
<b>Reconciled</b>			
<b>Cleared Deposits and Other Credits</b>			
Deposit	8/2/2010		1,633.53
Deposit	8/2/2010		14.30
Deposit	8/2/2010		25.00
Deposit	8/4/2010		2,221.45
Deposit	8/4/2010		24.00
Deposit	8/5/2010		1,742.34
Deposit	8/6/2010		74.94
Deposit	8/6/2010		236.82
Deposit	8/9/2010		103.84
Deposit	8/9/2010		22.75
Deposit	8/10/2010		9,872.98
Deposit	8/11/2010		131.58
Deposit	8/11/2010		50.00
Deposit	8/12/2010		29.04
Deposit	8/12/2010		1,010.07
Deposit	8/13/2010		87.00
Deposit	8/16/2010		25.00
Deposit	8/18/2010		115.00
Deposit	8/18/2010		3.88
Deposit	8/19/2010		4.00
Deposit	8/19/2010		4,725.29
Deposit	8/20/2010		28.54
Deposit	8/23/2010		392.73
Deposit	8/23/2010		76.04
Deposit	8/24/2010		3,029.88
Journal	8/24/2010	952	5,761.73
Deposit	8/25/2010		125.00
Deposit	8/26/2010		1.20
Deposit	8/26/2010		1,144.31
Deposit	8/27/2010		5.54
Deposit	8/30/2010		9.90
<b>Total - Cleared Deposits and Other Credits</b>			<b>32,727.68</b>
<b>Cleared Checks and Payments</b>			
Bill Payment	7/29/2010	61439	(6,500.00)
Check	8/2/2010		(211.28)
Check	8/3/2010		(200.00)
Check	8/9/2010		(314.12)
Bill Payment	8/10/2010	61436	(46,934.63)
Check	8/12/2010		(200.00)
Check	8/13/2010		(28,202.38)
Check	8/24/2010		(200.00)
Bill Payment	8/24/2010	61437	(5,761.73)
Check	8/25/2010		(5,457.48)
<b>Total - Cleared Checks and Payments</b>			<b>(93,981.62)</b>
<b>Total - Reconciled</b>			<b>(61,253.94)</b>
<b>Last Reconciled Statement Balance - 7/31/2010</b>			<b>438,360.04</b>



ID	Date	No.	Balance
Current Reconciled Balance			377,106.10
Reconcile Statement Balance - 9/16/2010			377,106.10
Difference			0.00
Unreconciled			
Uncleared			
Deposits and Other Credits			
Deposit	9/1/2010		212.51
Deposit	9/1/2010		3.94
Deposit	9/2/2010		9.40
Deposit	9/2/2010		40.00
Deposit	9/2/2010		3,070.84
Deposit	9/7/2010		356.71
Deposit	9/8/2010		24.83
Deposit	9/9/2010		738.17
Deposit	9/9/2010		50.40
Deposit	9/15/2010		3.88
Deposit	9/16/2010		3,736.99
Total - Deposits and Other Credits			8,247.67
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61424	(1,579.44)
Bill Payment	11/23/2009	61423	(25.00)
Journal	5/31/2010	949	(100.00)
Bill Payment	8/24/2010	61438	(5,761.73)
Check	9/2/2010	9_2_10	(94.53)
Check	9/7/2010	9_7_2010	(4,622.65)
Check	9/9/2010	9_9_10	(285.19)
Total - Checks and Payments			(15,643.21)
Total - Uncleared			(7,395.54)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 9/16/2010			371,288.20



**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00035041 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 2  
1 of 3

**COMMERCIAL ANALYZED CHECKING**  
July 31, 2010 through August 31, 2010

**SUMMARY**

Beginning Balance	\$438,360.04	Minimum Balance	\$373,102
Deposits & Credits	\$26,965.96 +		
Withdrawals	\$34,471.14 -		
Fees	\$314.12 -		
Automatic Transfers	\$0.00 +		
Checks	\$53,434.63 -		
Ending Balance	\$377,106.11		

**DEPOSITS & CREDITS**

08/02	Deposit - Thank You	1,633.53
08/02	Merchant Service Merch Dep Health Allianc 8003547554	25.00
08/02	Merchant Service Merch Dep Health Allianc 8003547554	14.30
08/04	Deposit - Thank You	2,221.45
08/04	Merchant Service Merch Dep Health Allianc 8003547554	24.00
08/05	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100731	1,742.34
08/06	Memberhealth Cln Payment Tedsmeds.Recei 2487146	236.82
08/06	Merchant Service Merch Dep Health Allianc 8003547554	74.94
08/09	Merchant Service Merch Dep Health Allianc 8003547554	103.84
08/09	Merchant Service Merch Adj Health Allianc 8003547554	22.75
08/10	Deposit - Thank You	9,872.98
08/11	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	131.58
08/11	Merchant Service Merch Dep Health Allianc 8003547554	50.00
08/12	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100807	1,010.07
08/12	Merchant Service Merch Dep Health Allianc 8003547554	29.04
08/13	Merchant Service Merch Dep Health Allianc 8003547554	87.00
08/16	Merchant Service Merch Dep Health Allianc 8003547554	25.00
08/18	Merchant Service Merch Dep Health Allianc 8003547554	115.00
08/18	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	3.88
08/19	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100814	4,725.29
08/19	Merchant Service Merch Dep Health Allianc 8003547554	4.00
08/20	Merchant Service Merch Dep Health Allianc 8003547554	28.54
08/23	Merchant Service Merch Dep Health Allianc 8003547554	392.73
08/23	Merchant Service Merch Dep Health Allianc 8003547554	76.04
08/24	Regions Bank Acct Trans MS364174656 Ccooley	3,029.88
08/25	Merchant Service Merch Dep Health Allianc 8003547554	125.00
08/26	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100821	1,144.31
08/26	Merchant Service Merch Dep Health Allianc 8003547554	1.21
08/27	Merchant Service Merch Dep Health Allianc 8003547554	5.54
08/30	Merchant Service Merch Dep Health Allianc 8003547554	9.90

Total Deposits & Credits \$26,965.96

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

Total Deposits & Credits

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 2 of 3

**WITHDRAWALS**

08/02	Merchant Service Merch Fee Health Allianc 8003547554	211.28
08/03	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
08/12	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
08/13	Regions Bank Acct Trans MS364174656 Ccooley	28,202.38
08/24	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
08/25	Regions Bank Acct Trans MS364174656 Ccooley	5,457.48
<b>Total Withdrawals</b>		<b>\$34,471.14</b>

**FEES**

08/09	Analysis Charge 07-10	314.12
-------	-----------------------	--------

**CHECKS**

Date	Check No.	Amount	Date	Check No.	Amount
08/03	61435	6,500.00	08/17	61436	46,934.63
<b>Total Checks</b>					<b>\$53,434.63</b>

\* Break In Check Number Sequence.

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
08/02	439,821.59	08/11	447,288.17	08/20	377,978.98
08/03	433,121.59	08/12	448,127.28	08/23	378,447.75
08/04	435,367.04	08/13	420,011.90	08/24	381,277.63
08/05	437,109.38	08/16	420,036.90	08/25	375,945.15
08/06	437,421.14	08/17	373,102.27	08/26	377,090.67
08/09	437,233.61	08/18	373,221.15	08/27	377,096.21
08/10	447,106.59	08/19	377,950.44	08/30	377,106.11

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667), or visit us on the Internet at [www.regions.com](http://www.regions.com).

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6,500.00

Total Checks

## Regions Bank

**Check# 61436      08/17/2010      \$46934.63**



Regions Bank  
Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

ACCOUNT # 0121078971

Cycle 001  
Enclosures 26  
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**BUSINESS MONEY MARKET**  
July 1, 2010 through September 30, 2010

SUMMARY			
Beginning Balance	\$938,203.32	Minimum Balance	\$938,681
Deposits & Credits	\$0.00 +	Average Balance	\$938,681
Net Interest Earned	\$709.70 +	Annual Percentage Yield Earned	0.30%
Withdrawals	\$0.00 -	Interest This Period	\$709.70
Fees	\$0.00 -	Average Collected Balance	\$938,439.74
Automatic Transfers	\$0.00 +	2010 YTD Interest	\$4,383.54
Checks	\$0.00 -		
Ending Balance	\$938,913.02		

INTEREST			
07/30	Interest Payment		231.37
08/31	Interest Payment		246.85
09/30	Interest Payment		231.48
Total Net Interest			\$709.70

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
07/30	938,434.69	08/31	938,681.54	09/30	938,913.02

**AMENDMENT TO REGIONS FUNDS AVAILABILITY  
POLICY: DEPOSITS MADE BEFORE 4:00 P.M.  
(OR AT OTHER TIMES AS MAY BE DISPLAYED)  
ON A BUSINESS DAY THAT WE ARE OPEN WILL  
BE CONSIDERED TO BE DEPOSITED ON THAT  
DAY. OTHER NEW DEPOSIT AGREEMENT TERMS  
ARE ALSO IN EFFECT. GO TO  
REGIONS.COM/AGREEMENTS, VISIT ANY  
REGIONS BRANCH OR CALL 1-800-REGIONS  
FOR DETAILS OR A COPY OF TERMS.**

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or visit us on the internet at [www.regions.com](http://www.regions.com).

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**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO#09-02016-EE  
PO BOX 321444  
FLOWOOD MS 39232-1444

ACCOUNT # 0101894579

Cycle 001  
Enclosures 26  
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**COMMERCIAL ANALYZED CHECKING**

July 31, 2010 through August 31, 2010

**SUMMARY**

Beginning Balance	\$51.30	Minimum Balance	\$28
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$23.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$28.30		

**FEES**

08/09	Analysis Charge	07-10	23.00
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**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
08/09	28.30				

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terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.

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or visit us on the Internet at [www.regions.com](http://www.regions.com).

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